



LOCAL GOVERNMENT INVESTMENT PARTICIPANT IPAS AUTHORIZATION FORM

(Please Type or Print Information)

GOVERNMENT AGENCY INFORMATION:

AGENCY NAME: _____

AGENCY ADDRESS: _____

_____**NEW ACCOUNT INFORMATION:**

INVESTMENT POOL: _____

5

(5 or 7)

Fund Name and LGIP

A/C #: _____

AUTHORIZED INDIVIDUALS AUTHORIZED FOR DEPOSITS, WITHDRAWALS, & TRANSFERS :

	Deposit	Withdrawal	Transfer	View Only
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHONE NUMBER: _____		EXTENSION: _____		
EMAIL ADDRESS: _____				
SIGNATURE: _____				
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHONE NUMBER: _____		EXTENSION: _____		
EMAIL ADDRESS: _____				
SIGNATURE: _____				
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHONE NUMBER: _____		EXTENSION: _____		
EMAIL ADDRESS: _____				
SIGNATURE: _____				
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHONE NUMBER: _____		EXTENSION: _____		
EMAIL ADDRESS: _____				
SIGNATURE: _____				

FOR STATE TREASURER'S USE ONLY

INVESTMENT POOL: 5

BANK WIRE CODE: _____

LGIP FUND NO: _____

FUND NAME: _____

IPAS	QED	LGIP

(Initial when entered into the following...)

TREASURER'S AUTHORIZATION_____
DATE